

Section: UTMB On-line Documentation	01.30.03 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	4.28.2022 - Revised
Topic: 01.30.03 – Universal Decolonization for Staphylococcal Carriage at Hospital Galveston (TDCJ)	2018 - Author

01.30.03 – Universal Decolonization for Staphylococcal Carriage at Hospital Galveston (TDCJ)

- Premise:** The Texas Department of Criminal Justice (TDCJ) Hospital patients have a high rate of *Staphylococcus aureus* colonization of the nasal passages and the skin, and are at significant risk for infections.
- Purpose:** To prevent *S. aureus* (both methicillin-susceptible and resistant strains) infection in all TDCJ patients at Hospital Galveston through universal nasal and skin decolonization.
- A. Patient Populations Included:** All hospitalized and day surgery patients at Hospital Galveston.
- B. Process for Obtaining and Processing Specimen** Nasal screening for *S. aureus* will NOT be performed for this population
- C. Isolation:** No isolation will be required unless patients have active infection due to methicillin-resistant *S. aureus* or other risk factors requiring isolation.
- D. Skin Decolonization by Nursing:**
- All patients will receive daily chlorhexidine gluconate (CHG) body washes unless contraindicated due to allergy.
 - Non-ambulatory patients will be washed with CHG impregnated wipes by the nursing staff.
 - Ambulatory patients who can shower should be instructed to first wet their body with shower water, then apply CHG soap solution to wet wash cloth, and then scrub the whole body with the wash cloth, followed by shower with water.
- Nursing:** Daily documentation of ongoing CHG washes will be placed under 'hygiene' in EPIC.
- E. Nasal Decolonization by Nursing: (No nares screen required)**
- Nozin (alcohol-based sanitizer) will be applied intranasally per package instructions every 12 hours for the duration of hospital stay for a maximum of 30 days. No physician order is required.

Exception - patients on dialysis and those with Nozin use of more than 30 days who still have ongoing central lines or non-healed surgical wounds, a 5-day course of intranasal mupirocin (Bactroban), applied

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twice daily, will be recommended. The use of mupirocin will require a physician's order. Nurses will contact the physician to place the order.

Contraindications to the placement of Nozin:

- Nasal Obstructions
- Heavy Bleeding
- Burns in/or near nasal cavity
- Ulcerations or open wounds in/or near nasal cavity

Nursing: Daily documentation of each dose Nozin or mupirocin will be placed under hygiene in EPIC.

For dialysis patients, refer back to 01.03.02 Nasal and Skin Decolonization for High-Risk Patients.